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CONFIRMATION NO. 2457

<b>SERIAL NUMBER</b> 10/735,029	<b>FILING OR 371(c) DATE</b> 12/12/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> 1662/6040761
<b>APPLICANTS</b> Ehud Amir, Ramat-Aviv, ISRAEL; Valerie Niddam-Hildesheim, Ein Vered, ISRAEL; Greta Sterinbaum, Rishon-Lezion, ISRAEL; Shlomit Wizel, Petah Tiqva, ISRAEL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/448,062 02/15/2003 and claims benefit of 60/465,534 04/25/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/22/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Herzli Sackay</i> <i>ES</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 84
		<b>INDEPENDENT CLAIMS</b> 35		
<b>ADDRESS</b> 26646				
<b>TITLE</b> Novel crystalline forms of gatifloxacin and processes for preparation				
<b>FILING FEE RECEIVED</b> 4804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	